

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY
2009 FEB 20 AM 8:24

(1) Christine Teel
Name

(2) 555 Middle River Drive
Address (number and street)

Fort Lauderdale, FL 33304
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): City Commission, District One, City of Fort Lauderdale

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 02 / 06 / 09 To 02 / 13 / 09 Report Type G3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 304.59

Transfers to Office Account \$ 0.00

Total Monetary \$ 304.59

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 64,445.00

(10) TOTAL Monetary Expenditures To Date
\$ 44,252.15

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Christine Teel
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name) Christine Teel
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Christine Teel
Signature

X Christine Teel
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Christine Teel

(2) I.D. Number _____

(3) Cover Period 02 / 06 / 09 through 02 / 13 / 09

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
/ /	NONE						-----
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name CHRISTINE TEEL (2) I.D. Number _____
 (3) Cover Period 02/06/09 through 02/13/09 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
2/12/09 001	Arttype 3530 WORK DR FORT MYERS, FL 33916	Stands	MON		238.64
1/1 002	Bro Co. SOE 115 S. Andrews	Voter info	MON		10.50
1/1 003	OFFICE DEPOT 1590 N. Federal Hwy Ft. Lauderdale, FL 33304	OFFICE SUPPLIES	MON		35.31
02/12/09 004	Print Dynamics 1721 N. Federal Hwy Ft. Lauderdale, FL 33305	Printing	MON		20.14
1/1					
1/1					
1/1					
1/1					